

STATEMENT OF ECONOMIC INTERESTS

Date Received  
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MAR 19 2013

COVER PAGE  
2012 APR -2 PM 3:17  
TN

Please type or print in ink.

NAME OF FILER (LAST) Armstrong (FIRST) William  
ADMINISTRATOR H. (Harry)

1. Office, Agency, or Court

Agency Name

City of Clovis

Division, Board, Department, District, if applicable

City Council

Your Position

Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Multi-County \_\_\_\_\_

☒ City of Clovis

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is \_\_\_\_\_, through December 31, 2011.

☐ Leaving Office: Date Left \_\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ The period covered is \_\_\_\_\_, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_\_

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 15, 2013  
(month, day, year)

# SCHEDULE D Income – Gifts

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

William H. Armstrong

► NAME OF SOURCE

C.S.U.F

ADDRESS (Business Address Acceptable)

5241 N. Maple Fresno CA 93740

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 1 / 12	\$ 110.00	Parking Permit
/  /	\$	
/  /	\$	

► NAME OF SOURCE

Clovis Rodeo Association

ADDRESS (Business Address Acceptable)

745 Rodeo Drive

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Clovis Rodeo

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 20 / 12	\$ 150.00	Rodeo Tickets
/  /	\$	
/  /	\$	

► NAME OF SOURCE

Tom Miyake

ADDRESS (Business Address Acceptable)

1801 Ashlan Avenue

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Retired Farmer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 12	\$ 100.00	Tree in National Forest
/  /	\$	
/  /	\$	

► NAME OF SOURCE

Meridian Pacific, Ltd.

ADDRESS (Business Address Acceptable)

1801 Tiburon Suite 800 Tiburon CA 94920

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 12	\$ 60.00	Fruit/Nut Basket
/  /	\$	
/  /	\$	

► NAME OF SOURCE

Granville Homes/Darius Assemi

ADDRESS (Business Address Acceptable)

1396 W. Herndon Avenue Fresno CA 93711

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 12	\$ 100.00	Donation Food Bank
/  /	\$	
/  /	\$	

► NAME OF SOURCE

League of California Cities

ADDRESS (Business Address Acceptable)

1400 K Street Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

2012 Division Board Member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 12 / 12	\$ 29.49	Meal
3 / 8 / 12	\$ 34.50	Meal
9 / 20 / 12	\$ 36.29	Meal

Comments:

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name William H. Armstrong
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► NAME OF SOURCE  
 League of California Cities  
 ADDRESS (Business Address Acceptable)  
 1400 K Street Sacramento CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 2012 Executive Board Member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 10 / 12	\$ 301.38	Meals
4 / 27 / 12	\$ 157.42	Meals
7 / 20 / 12	\$ 325.70	Meals

► NAME OF SOURCE  
 League of California Cities  
 ADDRESS (Business Address Acceptable)  
 1400 K Street Sacramento CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 2012 Executive Board Member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 7 / 12	\$ 73.04	Meals
11 / 16 / 12	\$ 418.64	Meals
/ /	\$	

► NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>William H. Armstrong</u>

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE <u>League of California Cities</u>	
ADDRESS (Business Address Acceptable) <u>1400 K Street</u>	
CITY AND STATE <u>Sacramento CA 95814</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Advocacy for cities and residents</u>	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u>1 / 1 / 12 - 12 / 31 / 12</u> AMT: \$ <u>1276.02</u> (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input checked="" type="checkbox"/> Other - Provide Description <u>Volunteer services as a member of League Board of Directors</u>	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): - AMT: \$ (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): - AMT: \$ (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): - AMT: \$ (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

Comments: \_\_\_\_\_